



**Department of Health Care Services**

**CA-MMIS**

**California Medi-Cal State Level Registry (SLR) for the**

**CMS Provider Incentive Program**

**State Level Registry (SLR) User Manual**

**Eligible Hospitals**

**V 1.01**

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## 1. Introduction

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### 1.1 Overview

The overall goal of the User Manual is to help guide hospital providers through the process of completing California's application process for provider incentive monies.

### 1.2 User Manual Goals

The **California Medi-Cal State Level Registry (SLR) User Manual** will help walk you through the following steps:

- How to create a SLR account.
- How to access the SLR application.
- How to register for the provider incentive program.
- How to enter the eligibility information for the provider incentive program.
- How to enter the attestation for the certified Electronic Health Record (EHR) technology.
- How to submit the final attestation.
- How to make changes to an account.
- Who to call for technical assistance.

### 1.3 Problem Reporting

For general Help, all SLR web pages have a Help Link that opens up a copy of this User Manual. For SLR Web application assistance, you can contact the Help Desk designated to support the SLR.

**Phone: (866) 879-0109**  
**Email: [SLRHelpDesk@xerox.com](mailto:SLRHelpDesk@xerox.com)**

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## 2. Medi-Cal Incentive Overview

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As the healthcare landscape continues to modernize, recent legislation was passed to encourage the adoption of Electronic Health Record (EHR) technology in documenting patient care. Because of the American Recovery and Reinvestment Act of 2009, beginning in 2011, eligible Medi-Cal providers are being offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations.

The California State Level Registry (SLR) application gives Eligible Hospitals access to a streamlined application for federally funded HIT incentives through an easy to use website. With self-service flexibility, the provider can move through registration, eligibility, and attestation at their own pace while the SLR application stores the information in an organized manner, resulting in the most direct path for the provider to receive their incentive payment.

### 2.1 Application Features

The SLR application features the following functions that are explained further in this User Manual:

- Create your SLR user account
- Login – Accessing the SLR
  - Retrieve Your User ID
  - Retrieve Your Password
  - Reset Your Password
- Applying for the incentive program as an Eligible Hospital (EH):
  - Step 1: About You
  - Step 2: Eligibility Information
  - Step 3: Certified EHR Technology
  - Step 4: Attestation
  - Step 5: Submit
- View Payment Information
- View Reports
- View Audit
- View Appeals
- View System Messages

### 2.2 Application Architecture

The SLR Web application features the following:

- Compliance with Section 508 accessibility guidelines.
- Accessibility from the internet.
- Secure protected page access.

### 2.3 Materials and Preparations

Materials the user will need to use the software:

- Computer with access to a web browser.  
Note: This application is compatible with Microsoft Internet Explorer v7.0, v8.0 and v9.0, Firefox, Chrome, and Safari.
- Software – Adobe Acrobat Reader – installed on your machine to view PDF files.
- Pop-up Blocker browser feature should be set to "Off" to receive the Pop-up window features.
- Manuals and/or FAQs that are available for distribution.

### 3. Provider Outreach Web Portal

The Provider Outreach Web Portal provides the user with a central location to access information and resources regarding the Provider Incentive Program established through the American Recovery and Reinvestment Act, in addition to the portal to the California Medi-Cal EHR State Level Registry site at [www.medi-cal.ehr.ca.gov](http://www.medi-cal.ehr.ca.gov).

#### The Provider Outreach page displays the following:

1. **Provider Outreach Page Header.** The header displays the following items that are visible on every page of the SLR application:
  - a. **Logo of California Department of Health Care Services (DHCS).** Link to state department website.
  - b. **Contact Us.** Pop-up page displaying contact information including the Help Desk phone number and email as well as the DHCS email address for the incentive program.
2. **Left side panel content.**
  - a. **Step 1: Register with CMS!** The “[registering with CMS](#)” link directs you to the designated website for registering as a health provider with the Centers for Medicare & Medicaid Services.



- b. **Step 2: Create an SLR Account.** The “[Create a Medi-Cal EHR Incentive Portal account](#)” link directs you to the “Create Account” page.



- c. **Already have an SLR account?** The “[go directly to the Medi-Cal EHR Incentive Portal](#)” link directs you to the “Login” page.



- d. **Centers for Medicare & Medi-Cal Services (CMS).** Links in this section open up a new window and display CMS news.



- e. **Healthcare IT News.** Links in this section open up a new window and display an article related to Healthcare IT news.



- f. **EMR and HIPAA.** Links in this section open up a new window and display an article related to EMR and HIPAA news.

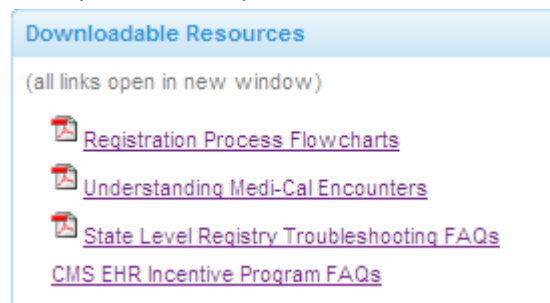


3. **Right side panel content.**

- a. **Follow us on Twitter.** Link to the **twitter** website to receive the latest updates on the EHR Incentive program.



- b. **Webinars:** Schedule of weekly 'Lunch and Learn' webinars for Eligible Professionals, Groups, Proxy and Eligible Hospitals to learn how to apply in the State Level Registry (SLR)
- c. **Downloadable Resources.** Links in this section open the file in the appropriate application to assist with determining Eligibility and Attestation for EHR Incentive Payments for Groups/Clinic, Hospitals, and Providers.



4. **Primary Body Content section.** The primary page content includes the following sections:

- a. **Welcome text.** An overview of the Provider Outreach Web portal.
- b. **Important Web Resources.** Links in this section open up a new window and display the appropriate website.
- i. **CMS EHR Incentive Program Registration Site.** Opens a new window and displays the **Official Web Site for the CMS Medicare and Medicaid EHR Incentive Programs.**
  - ii. **CMS EP Registration User Guide.** Opens a new window and displays the CMS users guide for registering with the federal EHR Incentive Program.
  - iii. **Centers for Medicare & Medicaid Services (CMS).** Opens a new window and displays the home page for the CMS EHR Incentive Program.
  - iv. **Department of Health Care Services.** Opens a new window and displays the DHCS Office of Health Information Technology website.
  - v. **Medi-Cal.** Opens a new window and displays the home page for the California Medi-Cal program.

- vi. **ONC Certified Health IT Products.** Opens a new window and displays the **Certified Health IT Product List**.
  - vii. **California eHealth.** Opens a new window and displays the CA Health and Human Services page for provider information on the EHR Incentive Program.
  - viii. **Cal eConnect.** Opens a new window and displays the home page of a health information exchange resource website.
  - ix. **California Department of Public Health.** Opens a new window and displays the CA state department website discussing meaningful use of Health Information Technology.
  - x. **Medi-Cal EHR Incentive Program General Information.** Opens a new window and displays a DHCS article giving an overview of the Medi-Cal EHR Incentive Program.
- c. **Regional Extension Centers (REC).** Links in this section opens a new window and displays the REC website.
- i. **California Health Information Partnership & Services Organization (CalHIPSO).** Opens a new window and displays the site for the REC resource site for CA, excluding the Los Angeles and Orange Counties.
  - ii. **California Rural Indian Health Board.** Opens a new window and displays a resource for healthcare providers of the member Tribes of California.
  - iii. **CalOptima.** Opens a new window and displays the site for the REC resource site for Orange County.
  - iv. **HITEC-LA.** Opens a new window and displays the site for the REC resource site for Los Angeles County.



The image below illustrates the primary body content of the Providers Outreach page.

### Welcome to the Medi-Cal EHR State Level Registry (SLR) for Provider Incentive Payments — Provider Outreach Page

As a result of the American Recovery and Reinvestment Act, beginning in 2011 Medi-Cal is able to offer eligible practitioners and hospitals substantial financial incentives to adopt, implement and upgrade electronic health records. Incentive payments will also be available for the “meaningful use” of electronic health records by practitioners (over 6 years) and hospitals (over 4 years).

Practitioners and hospitals are required to first register for the program through CMS. The next step is to register with the state-level registry through this portal. This portal also provides links to valuable resources for practitioners and hospitals planning EHR implementation and other health information technology efforts.

Thank you for joining Medi-Cal in realizing the vision of “Connecting California for Better Health.”

#### Important Web Resources (all links open in new window)

- [CMS EHR Incentive Program Registration site](#)
- [CMS EP Registration User Guide](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Department of Health Care Services](#)
- [Medi-Cal](#)
- [Office of the National Coordinator for Health Information Technology \(ONC\) Certified Health IT Product List](#)
- [California eHealth](#)
- [Cal eConnect](#)
- [California Department of Public Health](#)
-  [Medi-Cal EHR Incentive Program General Information — Department of Health Care Services](#)

#### Regional Extension Centers (REC) (all links open in new window)

The HITECH act provides for the establishment of RECs to provide education, outreach, and technical assistance to help primary care providers in their geographic service areas to select, successfully implement and meaningfully use certified Electronic Health Record technology to improve the quality and value of health care.

- [California Health Information Partnership & Services Organization \(CalHIPS\)](#)
- [California Rural Indian Health Board](#)
- [CalOptima](#)
- [HITEC-LA](#)



5. **Footer section.** Located at the bottom of the page, the footer displays the following items:
  - a. **Privacy.** Opens a new window to the DHCS Privacy policy.
  - b. **Conditions of Use.** Opens a new window to the DHCS Conditions of Use policy.
  - c. **Accessibility.** Opens a new window with the website’s Accessibility policy displayed.
  - d. **State of California Copyright.**

## 4. California Medi-Cal State Level Registry (SLR)

### 4.1 Create a New SLR Account for Hospital Representatives

Follow the steps below to create and log on to the California Medi-Cal State Level Registry (SLR) for the CMS Provider Incentive Program.

Note: The Hospital Representative should have already completed their registration with CMS by using the “[registering with CMS](#)” link on the Provider Outreach Page.



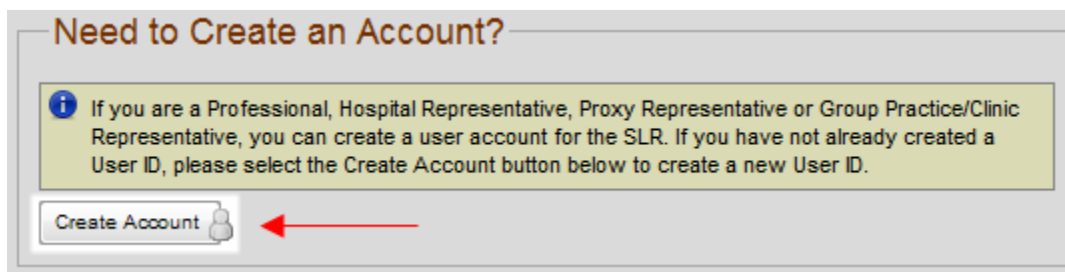
1. Click the “[create a Medi-Cal EHR Provider Incentive Portal account](#)” link located on the upper left hand corner of the Provider Outreach webpage. User will be taken to the logon site to create a new user account.

Reference: The State Level Registry (SLR) site can be accessed directly by going to the following website - <https://www.medi-cal.ehr.ca.gov/>

Note: The CA State Level Registry URL is secured – “https:”



2. Click the **Create Account** button.



3. Complete “Identify Yourself” window fields to create account:


**Identify Yourself**

Enter the necessary information below and click Continue.  
\* Indicates required fields.

What is your role? \* ☐ Professional  
☐ Hospital Representative  
☐ Group Representative  
☐ Proxy Representative

NPI \*

TIN \*

 [New Image?](#)

Enter the letters/numbers from the \*   
image above

Letters are case sensitive. If you have difficulty identifying the characters in the image above, click the link to display a new image.

- a. Select **Hospital Representative** from the radio button selection.

What is your role? \* ☐ Professional  
→ ☒ Hospital Representative  
☐ Group Representative  
☐ Proxy Representative

- b. Input Hospital’s National Provider Identifier (NPI) into field.

Note: If more than one NPI is available, then use the NPI used for the CMS EHR Incentive registration.

- c. Input Hospital’s Taxpayer Identification Number (TIN) into field.

NPI \*  ← input 10 digit number

TIN \*  ← input 9 digit number

- d. Type characters into field from the security CAPTCHA image.

In the event that the CAPTCHA image is not clear, click “new image” link to display a new image.

 [New Image?](#)

Enter the letters/numbers from the \*  ←  
image above

- e. Click the “**Continue**” button to submit for new account creation.

The “**Cancel and return to Login**” link will exit the screen without the submission of data.

4. In the new “**Is This You**” window, confirm Name, Address, and associated with the NPI entered into Create Account screen.

**Is This You?**

**Name** NORTHWEST HOSPITAL

**Address** 1234 STREETCA 195, SACRAMENTO, CA 94295


- a. Complete the **Create a New SLR Account** section:


| To...  | Click/Call...   |
|--|---|
| <ul style="list-style-type: none"><li>• save data</li></ul>                          | <ul style="list-style-type: none"><li>• <b>Yes, Continue</b> button.</li></ul>  |
| <ul style="list-style-type: none"><li>• Re-enter the eligible hospital NPI</li></ul> | <ul style="list-style-type: none"><li>• <b>No, Go back</b> button and return to section 4.1.3.a of this manual.</li></ul> |
| <ul style="list-style-type: none"><li>• Speak with the Help Desk</li></ul>           | <ul style="list-style-type: none"><li>• (866) 879-0109 for assistance.</li></ul>  |

#### 4.1.1 Create Logon for SLR Account

Follow the steps below to complete the “Create Account” process and set the User ID, Password, Challenge Question, and Contact Information.

##### Create Login

 Enter the necessary information below and click Create Account. \* Indicates required fields.

|   |  |   |
|---|--|---|
| User ID *                               | <input type="text"/>   | <i>Enter 8-20 alphanumeric characters; no spaces, no special characters.</i>  |
| Password *                              | <input type="password"/>   | <i>Password cannot be your login name or a previously used password.<br/>Password must include the following:<br/>* 8-20 characters<br/>* 1 upper case letter<br/>* 1 lower case letter<br/>* 1 number<br/>* 1 of the following special characters: @ # !</i> |
| Confirm Password *                      | <input type="password"/>   |   |
| Select a Challenge Question *           | <div>Select... </div> |   |
| Your Answer to the Challenge Question * | <input type="text"/>   |   |
| Phone *                                 | <input type="text"/>   | <i>9999999999 (no spaces, dashes, parens)</i>   |
| E-mail Address *                        | <input type="text"/>   | <i>name@domain.com</i>  |

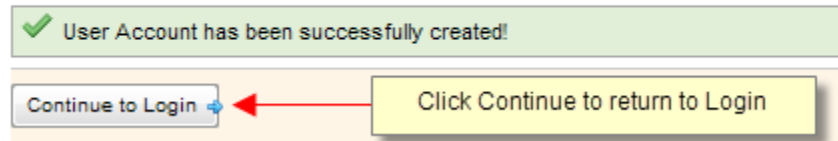
1. Input desired User ID.  
Information: The User ID needs to be at least 8 letters/numbers long but cannot be more than 20 characters.
2. Input Password.  
Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:
  - at least one capital letter.
  - at least one lower case letter.
  - at least one number.
  - at least one of the following special characters: @ or # or !

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the “Confirm Password” field.
4. Select a Challenge Question from the drop-down list to answer.
5. Input answer to selected Challenge Question.
6. Input contact phone number.
7. Note: input phone number with no spaces, dashes, or parentheses.

8. Input the contact email address.
9. Click the “Create Account” button to finish creating the account.
10. Click the “Cancel and return to login” to exit the account creation process.
11. Click the “continue to Login” button after confirming the “Account successfully created” message.

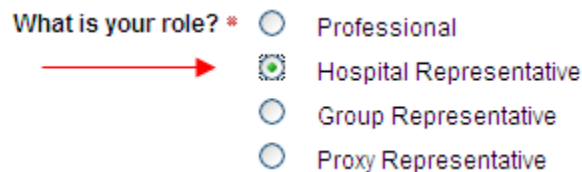
## Create Account



### 4.1.2 Forgot User ID for SLR

Use the following steps to have the User ID emailed to the account on record.


1. Click the **Forgot User ID** link from the login page.
2. Select the **Hospital Representative** user role from the radio button selection.



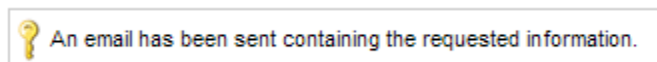
3. Input Hospital's National Provider Identifier (NPI) into field.  
Note: If more than one NPI is available, then use the NPI used for the CMS EHR Incentive registration.



4. Input Hospital's Taxpayer Identification Number (TIN) into field.
5. Click **Continue** to move to next screen.
6. Input answer to previously selected Challenge Question.

 Answer the challenge question below and click Continue to confirm your identity. An email containing the requested information will be sent to the email address on record for the account. \* Indicates required fields.

7. Click **Continue** to move to next screen.
8. Look for confirmation of system email sent to Hospital Representative.



9. Click **Cancel and return to Login** link to return to login screen.
10. Retrieve system generated email sent to the Hospital Representative's email account from "California State Level Registry System Messages".
11. Log into the SLR as normal using the emailed User ID.

### 4.1.3 Forgot Password for SLR

Use the following steps to have a link sent to the email account on record in order to reset the user password.

1. Click the **Forgot Password** link from the login page.
2. Input the User ID into the input field.
3. Click **Continue** to move to next screen.
4. Input answer to previously selected Challenge Question.
5. Click **Continue** to move to next screen.
6. Look for confirmation of system email sent to Hospital Representative.



An email has been sent to the email address on file for the User ID you entered. When the email arrives, click the link provided in the email and you will be taken to a screen where you can reset your password.

7. Click **Return to Login** link to return to login screen.
8. Retrieve system generated email sent to the Hospital Representative's email account from "California State Level Registry System Messages".
9. Click the link provided in the email to reset.
10. Input a new password in the **New Password** field.

**New Password \***

**Confirm New Password \***


Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:

- at least one capital letter.
- at least one lower case letter.
- at least one number.
- at least one of the following special characters: @ or # or !

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

11. Re-input password into **Confirm New Password** field.
12. Click the **Change Password** link to submit requested password change.
13. Click the **"Continue to Login"** button after confirming the "Password Reset" message.

**Password Reset**

 Your password has been reset. Select Continue to proceed to the login screen.

[Continue to Login](#)

14. Log into the SLR as normal using the new password selected by Hospital Representative.

## 4.2 Log on to the State Level Registry (SLR) system

Follow the steps below to log on to the SLR.

**Existing Users**

Enter the User ID and password you created to login to the SLR. \* Indicates required fields.

User ID \*  **1. Enter user Logon**

Password \*  **2. Enter user Password**

*The State Level Registry (SLR) for Provider Incentive Payments and related web sites (such as the SLR Provider Outreach page) require a minimum screen resolution of 1024x768. The SLR and related web sites are best viewed with Internet Explorer version 7 and above, Firefox, Safari, and Chrome.*

**3. Click Log In to continue**

[Forgot User ID?](#)

[Forgot Password?](#)

1. Enter user logon in the "User ID" field.
2. Enter user password in the "Password" field.
3. Click the "Log In" button to access the SLR.

### 4.2.1 Accepting the End User License Agreement (EULA)

Once the Login is complete, the Hospital Representative is presented with the End User License Agreement (EULA). The EULA is the licensing agreement between the Department of Health Care Services and the Hospital Representative for use of the SLR and must be accepted in order to continue.

**California Department of Health Care Services**  
**California Medi-Cal Electronic Health Record (EHR) Incentive Program**  
**End User License Agreement and Terms of Use**  
ACCEPTANCE OF TERMS

Indicate your acceptance of the End User License Agreement below. \* indicates required fields.

The services that California Department of Health Care Services (CA-DHCS) provides to you are subject to the terms and conditions of this End User License Agreement and Terms of Use ("this Agreement"). This Agreement governs the use of all data and software available at this site ("Site"). Please read the rules contained in this Agreement carefully. You can access this Agreement at any time by clicking on User Agreement at the bottom of every page on this Site. If you do not agree to abide by this Agreement, your access to any other pages of this Site will be denied. Clicking on the "I Agree" button at the end of this Agreement and accessing this Site constitutes your acceptance of this Agreement. Continued access to this Site will constitute your acceptance of any amendments to this Agreement. Your failure to follow the terms and conditions for use of this Site, whether listed below or in bulletins posted at various points in this Site, may result in suspension or termination of your access to this Site, without notice, in addition to other remedies available to CA-DHCS.

**1. DEFINITIONS**

In addition to the terms defined elsewhere in this Agreement, for purposes of this Agreement the following terms shall be defined as specified below:

- a. Authorized Employee shall mean an employee of a Provider who needs to access this Site to perform their duties for the Provider and who the Provider properly trained regarding use of this Site, the Services, the Software, HITECH, and HIPAA. Provider is responsible for the actions of its Authorized Employees.
- b. HIPAA shall mean the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, all implementing regulations and all amendments

☐ \* I Agree with the End User License Agreement. [Print EULA](#)

[Cancel and return to Log in](#)

1. Read the EULA in full.
2. Click the "Print EULA" to print the agreement for user records.



- Click the check box to agree to the EULA.  
**Note:** The EULA must be accepted once every 12 months or when the EULA has been updated.
- Click the “Continue” button to continue to the SLR Homepage.

## 4.3 SLR Homepage

The SLR homepage is the center of the application and is the place from which the Eligible Hospital will apply for the Medi-Cal provider incentive.

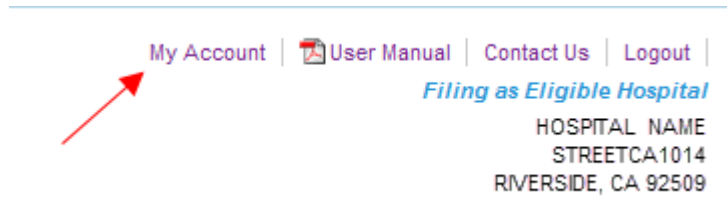
From the Homepage, the hospital provider has the ability to:

- Make changes to their user account through the “My Account” link.
- Review the instructions for completing the SLR registration with the “User Manual” link.
- Retrieve the Help Desk information through the “Contact us” link.
- Retrieve system messages regarding Payments, Reporting, Audits, Appeals, and System communications.
- Access the SLR workflow steps to complete Registration and Attestation for the incentive program.
  - Step 1: About You
  - Step 2: Eligibility Information
  - Step 3: Certified EHR Technology
  - Step 4: Attestation
  - Step 5: Submit

The screenshot displays the SLR Homepage for Northwest Hospital. At the top, the DHCS logo and the title 'State Level Registry for the Medi-Cal EHR Incentive Program' are visible. Navigation links include 'My Account', 'User Manual', 'Contact Us', and 'Logout'. A 'Hospital Information' box shows the hospital's name, address, and last update date. A banner indicates the current year (2012) is active. The main content area is divided into sections for 'Year 1' and 'Year 2' submissions. The 'Year 2' section is highlighted, showing a progress bar and a list of steps: 1. About You, 2. Eligibility Information, 3. AIU or Meaningful Use, 4. Attestation, and 5. Submit. A 'Primary Workflow Sections' box points to steps 1 through 3. The footer contains links for Privacy, Legal, Accessibility, EULA, and a Copyright notice for 2011 State of California.

## 4.4 My Account Functionality

The My Account link on the homepage provides the user the ability to update user information including changing passwords, challenge question, phone number, and email address.



SLR generated messages will be sent to all email accounts recorded for this provider. **Reset Password messages will only be sent to the email account listed under the My Account Page.**

Note: Changing the contact information in the My Account screen does not change the contact information set up under the About You page or the contact information provided by CMS in the registration process.

### 4.4.1 Voluntary Password Change in My Account

The Hospital Representative user password is valid for 74 days. When the expiration period has passed, a Reset Password page will appear allowing the representative to change their password.

In addition, the user password may be changed prior to the 74 day expiration period through the My Account link on the SLR application homepage.

## My Account

Make changes to your account below.

Changing the contact information here does not change the contact information set up under the About You page or the contact information provided by CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider. Reset Password messages will only be sent to the account listed under the My Account Page.

User ID

Password

Confirm Password

Select a Challenge Question \*

Your Answer to the Challenge Question

Phone \*   
9999999999 (no spaces, dashes, parens)

Email Address \*   
name@domain.com

Follow the steps below to change the user password.


1. Click the **My Account** link.
2. Input Password.

Information: The password needs to be at least 8 letters/numbers long but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:

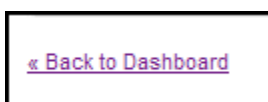
- at least one capital letter.
- at least one lower case letter.
- at least one number.
- at least one of the following special characters: @ or # or !

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the "Confirm Password" field.
4. Complete the My Account section:

| To...   | Click...   |
|---|--|
| <ul style="list-style-type: none"> <li>• save data</li> </ul>                         | <ul style="list-style-type: none"> <li>• <b>Save</b> and wait for the system confirmation.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• exit screen without saving inputs</li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>Cancel and Delete Changes.</u></b></li> </ul>   |


5. Click **Back to Dashboard** to return to SLR Dashboard.



#### 4.4.2 Voluntary Challenge Question Change in My Account

Follow the steps below to change the Challenge Question.

1. Click the **My Account** link.
2. Select a Challenge Question from the drop down menu to answer.
3. Input answer to selected Challenge Question in "Your Answer to the Challenge Question" field.
4. Complete the My Account section:

| To...   | Click...   |
|---|--|
| <ul style="list-style-type: none"> <li>• save data</li> </ul>                         | <ul style="list-style-type: none"> <li>• <b>Save</b> and wait for the system confirmation.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• exit screen without saving inputs</li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>Cancel and Delete Changes.</u></b></li> </ul>   |


5. Click **Back to Dashboard** to return to SLR Dashboard.



### 4.4.3 Update Phone Number and Email in My Account

Follow the steps below to change the Hospital Representative phone number and email address.

1. Click the **My Account** link.
2. Input new Phone number in the "Phone" field.
3. Input new email address in the "Email Address" field.
4. Complete the My Account section:

| To...   | Click...   |
|---|--|
| <ul style="list-style-type: none"> <li>save data</li> </ul>                         | <ul style="list-style-type: none"> <li><b>Save</b> and wait for the system confirmation.</li> </ul>          |
|   |  <i>Account is Updated.</i> |
| <ul style="list-style-type: none"> <li>exit screen without saving inputs</li> </ul> | <ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes.</u></b></li> </ul>                   |

5. Click **Back to Dashboard** to return to SLR Dashboard.


[« Back to Dashboard](#)

## 4.5 Step 1. About You Section

The State of California requires that additional information be provided to be used to determine eligibility to participate in the Medi-Cal EHR Incentive Program.


Follow the steps below to complete the About You section of the California State Level Registry.

1. Click the link **1. About You** to access screen.
2. Confirm that the CMS Registration & Attestation Site Data has been received.

 Data has been received from the CMS Registration & Attestation site. [View CMS Data](#)

Note: Use the **Register with CMS** link to access and complete hospital registration with CMS, if not completed previously. Registration data from CMS may take up to 3 days to load in to the CA State Level Registry system.


Note: In the event that the CMS registration data has not been received by the CA State Level Registry system the Hospital Representative will not be able to create their account for the Medi-Cal EHR Incentive Program. The CMS data must have been received by the system to continue with the application to the EHR Incentive Program.

 Data has NOT been received from the CMS Registration & Attestation Site. [Register with CMS](#)

- Under the Contact Person section, Input the name of the Hospital Representative in the “Name” field.

#### Contact Person

Changing the contact information here does not change the contact information set up under the My Account page or the contact information received from CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this hospital.

 Enter your contact information below. \* indicates required fields.

Name \*

Title

Phone \*   
9999999999 (no spaces, dashes, parens)

Email Address \*   
name@domain.com

[Save](#) [Save And Continue](#) [Cancel and Delete Changes](#)

- Input the title of the Hospital Representative in the “Title” field.
- Confirm the contact phone number and update, if necessary.
- Confirm the contact email address and update, if necessary.
- Complete the About You section:

| To...  | Click...  |
|--|---|
| <ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul> | <ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>  |
| <ul style="list-style-type: none"> <li>save data and move to step 2. Eligibility Information</li> </ul>  | <ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>   |
| <ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>                        | <ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes</u></b>, then</li> <li><b>“Back to Dashboard”</b> icon.</li> </ul> |

## 4.6 Step 2. Eligibility Information


Provide the patient volume information to show hospital eligibility for the Medi-Cal Incentive Program. The registration of Eligible Hospitals (EH) is dependent upon the EH meeting the Medi-Cal volume requirements.

Hospitals can participate in both the Medi-Cal and the Medicare incentive programs simultaneously if they meet eligibility requirements of each. The Medicare EHR incentive program is administered directly by the Centers for Medicare & Medicaid Services (CMS) and has different eligibility requirements and payment schedules. The main difference is that the Medicare program does not provide incentive funds for adopting, implementing, or upgrading an EHR in the first year.

To be eligible for the Electronic Health Record Incentive Program for Medicaid the eligible hospital must meet the following criteria:

- Must have at least a 10 percent Medi-Cal patient volume for each year which the hospital seeks an EHR incentive payment.
- Children’s hospitals are exempt from meeting a patient volume threshold.

Note: In the event that the CMS registration data has not been received by the CA State Level Registry system the Hospital Representative will not be able to create their account for the Medi-Cal EHR Incentive Program. The CMS data must have been received by the system to continue with the application to the EHR Incentive Program.

 Caution: You cannot save this page. The CMS Certification Number (CCN) is missing from your hospital's CMS Registration & Attestation Site data. If you believe this is an error, please contact the help desk at (866) 879-0109

#### 4.6.1 Hospital Medicaid Volume

Follow the steps below to fill out the Medicaid volume eligibility section.

1. Input the start date for the preferred **90 day representative period** from within the previous federal fiscal year end (October 1-September 30).

Note: the full 90 day period must be within the previous federal fiscal year end.

Start Date \*   End Date \* mm/dd/yyyy

2. Input **Total Discharges** for representative period.

Total Discharges \*   
Medicaid Discharges \*

Note: You may use any auditable data source. Include both fee-for-service and managed care inpatient discharges, and emergency room (ER) encounters. To be counted as a Medicaid discharge or ER encounter, Medicaid must have paid for some portion of the care. Indigent care may be included by some hospitals. Nursery discharges should be included.


3. Input **Medicaid Discharges** for representative period.
4. Indicate whether discharge values from other states are included in the “**Total Discharges**” number above.

Does your hospital have Medicaid \* ☐ Yes \* ☒ No \*  
discharges from other states that  
you are including to establish  
eligibility and payment?

5. Confirm Hospital Medicaid Volumes meets eligibility requirements.

Medicaid Volume  %

*Hospitals (except Children's Hospitals) must have a Medicaid volume >= 10% to be eligible for the Medi-Cal EHR Incentive Program.*

 Meets Medicaid Eligibility Requirements? Yes

In the event that the Hospital Medicaid Volumes do not meet the eligibility requirements, DHCS recommends selecting a different 90 day period with which to apply from.

#### 4.6.2 Average Length of Stay (ALOS)

Follow the steps below to fill out the Average Length of Stay section.

1. Input the year of the current Cost Report totals.

Enter the year of your most \*   
current cost report:

- Input **Total Inpatient Bed Days**.

**Total Inpatient Bed Days** \*

Total Inpatient Bed Days come from the CMS Cost Report 2552. See the below help text from the SLR to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**

If using CMS 2552-96: Worksheet S-3, part I, column 6, sum of lines 1, 2, 6-10.

If using CMS 2552-10: Worksheet S-3, part I, column 8, sum of lines 1, 2, 8-12.

- Input **Total Discharges** for stated 90 day period.

**Total Discharges** \*

Total Discharges are calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**


If using CMS 2552-96: Worksheet S-3, part I, column 15, sum of lines 12.

If using CMS 2552-10: Worksheet S-3, part I, column 15, sum of lines 14.

- Confirm Average Length of Stay meets Eligibility requirements.

Note: Hospitals (except children's hospitals) must have an Average Length of Stay < 25 days to be eligible for the program.

**Average Length of Stay** \*  **Day(s)**

 **Meets Medicaid Eligibility Requirements? Yes**

### 4.6.3 Additional Hospital Information

Follow the steps below to complete the Hospital Information page.

- Input **Total Discharges** for the previous four years.

CCR Yr-3 \*  CCR Yr-2 \*  CCR Yr-1 \*  CCR Yr \*

Total Discharges are calculated from the CMS Cost report 2552. See the below help text from the CA EH Eligibility Workbook to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**

If using CMS 2552-96: Worksheet S-3, part I, column 15, sum of lines 12.

If using CMS 2552-10: Worksheet S-3, part I, column 15, sum of lines 14.

2. Input **Total Medicaid Inpatient Bed Days**.

**Total Medicaid Inpatient Bed Days** \*

**Total Medicaid Inpatient Bed Days** are calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value.

Include bed days attributable to Medicaid individuals in fee-for-service or managed care. Do not include bed days for individuals if payment may be made by Medicare or a Medicare Advantage organization.

If using CMS 2552-96: Worksheet S-3, part I, column 5, sum of lines 1, 2, 6-10.

If using CMS 2552-10: Worksheet S-3, part I, column 7, sum of lines 1, 2, 8-12.

**INDIGENT CARE:** Designated public hospitals and other hospitals in Alameda, Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura counties may include indigent care encounters if these are partially supported by Safety Net Care Pool funds received by the county under Medi-Cal's 1115 Waiver. Please attach an auditable data source documenting such indigent care, such as the OSHPD Annual Hospital Financial Report Section 4.1. Designated Public Hospitals use DPH Supplemental Workbook.

3. Input **Total Hospital Charges**.

**Total Hospital Charges** \*

**Total Hospital Charges** are calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value.

**Use CMS Cost Reports (CMS 2552-96 or CMS 2552-10) to acquire data.**

If using CMS 2552-96: Worksheet C, part I, column 8, line 101.

If using CMS 2552-10: Worksheet C, part I, column 8, line 200.

4. Input **Total Hospital Charity Care Charges**.

**Total Hospital Charity Care Charges** \*

**Total Hospital Charity Care Charges** calculated from the CMS Cost report 2552. See the below help text from the SLR to calculate the value

CMS 2552-96: Worksheet S-10, line 30.

CMS 2552-10: Worksheet S-10, column 3, line 20.

Note: Uncompensated care cost data may be used only if "bad debt" is subtracted. When using CMS 2552-96, Worksheet S-10, line 30 ensure that bad debt has been subtracted from this total. This may not apply if using CMS 2552-10 as bad debt should have already been excluded from Worksheet S-10, column 3, line 20. Consider using the OSHPD annual financial statement to document bad debt (OSHPD Supplemental Patient Revenue Information, Line 420). If charity care data is not available, please enter "0." Designated Public Hospitals should use DPH Supplemental Workbook.

5. Attach either CMS Cost report 2552-96 or 2552-10 to the SLR using the **Upload Files** button.

Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

a. Click **Upload Files** button.

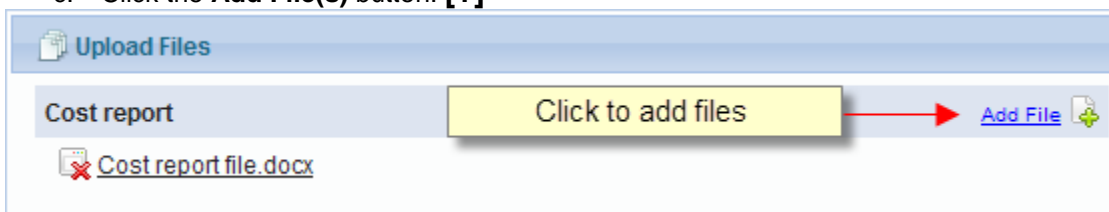


b. Identify the **Subject** type of the file to be added:

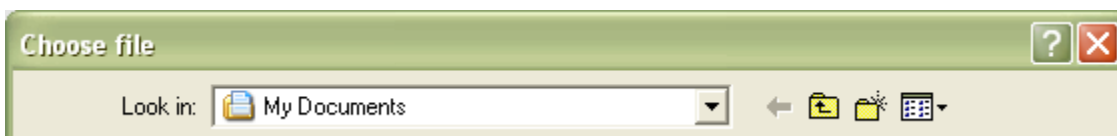
- Cost report – **\*\*required file\*\***



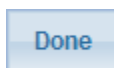
- c. Click the **Add File(s)** button. **[+]**



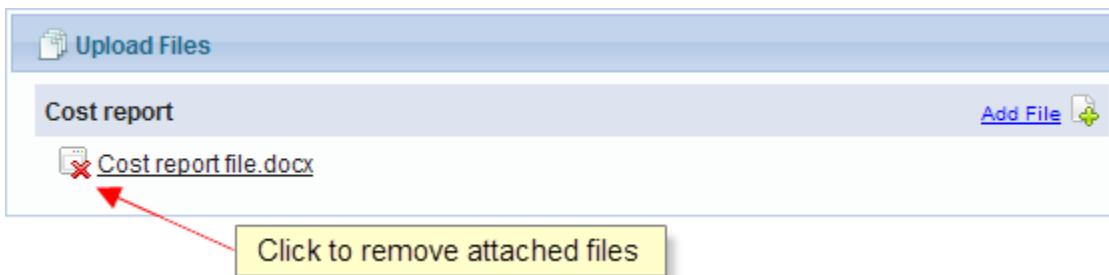
- d. Navigate to the file that meets the Subject type from the open **Choose file** window.



- e. Select file and click **Open** to attach the file.  
f. Add additional files as needed to the **Upload Files** pop-up window.  
g. Click **Done** to close Upload window and return to the **Eligibility Information** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.



6. Finish the **Eligibility Information** page:

| To...  | Click...   |
|--|--|
| <ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul>                                       | <ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>   |
| <ul style="list-style-type: none"> <li>save data and move to step 2.B. <b>Payment Calculation</b> to review the calculation figures</li> </ul> | <ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>  |
| <ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>  | <ul style="list-style-type: none"> <li><b>Cancel and Delete Changes</b>, then</li> <li><b>"Back to Dashboard"</b> icon.</li> </ul> |

- Review the Payment Calculation page for the projected incentive payments.

### Hospital Payment Calculation

#### Hospital Aggregate Incentive Payment

Your Hospital's Aggregate Medi-Cal EHR  
Incentive Payment will be:

**\$5,302,368.19**

SAMPLE DATA

|                 |                |
|-----------------|----------------|
| Year 1 Payment: | \$2,651,184.09 |
| Year 2 Payment: | \$1,590,710.46 |
| Year 3 Payment: | \$530,236.82   |
| Year 4 Payment: | \$530,236.82   |

- Click **Continue** button on bottom of the **Payment Calculation** page to be directed to step 3 **Certified EHR Technology**.

## 4.7 Step 3. AIU or Meaningful Use

In this section, the attestation type is chosen. Once the attestation type is selected, upload documents related to the hospital EHR and enter the CMS certification number of the EHR system received from the Office of the National Coordinator (ONC) for Health Information Technology. The first step of completing this section is to choose the type of attestation. The Certified EHR Technology page can only be accessed after the **About You** and **Eligibility Information** sections have been completed.

Eligible Hospitals (EH) may choose to attest that they have adopted, implemented, or upgraded EHR software, or that they are actively using it in meaningful ways. AIU can only be selected in the first year. Clicking the **AIU or Meaningful Use** link on the EH Dashboard page directs the user to step 3. *AIU or Meaningful Use* page, where Adopt, Implement, Upgrade (AIU) or Meaningful Use (MU) can be selected for the EH Attestation. Once the Attestation Type has been selected, then upload documents related to the EHR Software, enter its certification number, and enter other information.

### 4.7.1 Adopt, Implement, Upgrade Method

Follow the steps below to fill out the Adopt, Implement, Upgrade section.

- Select the **"Attest to Adopt, Implement, Upgrade"** button.  
Note: After the first year, the **"Attest to Adopt, Implement, Upgrade"** link will no longer be available and the Hospital Representative will be taken directly to the **"Attest to Meaningful Use"** screen.

## 3. Certified EHR Technology

Attest to Adopt, Implement,  
Upgrade

Attest to Meaningful Use

- Select the attestation type from the **Method** drop-down list.

Method \*

Select

Select

Adopt

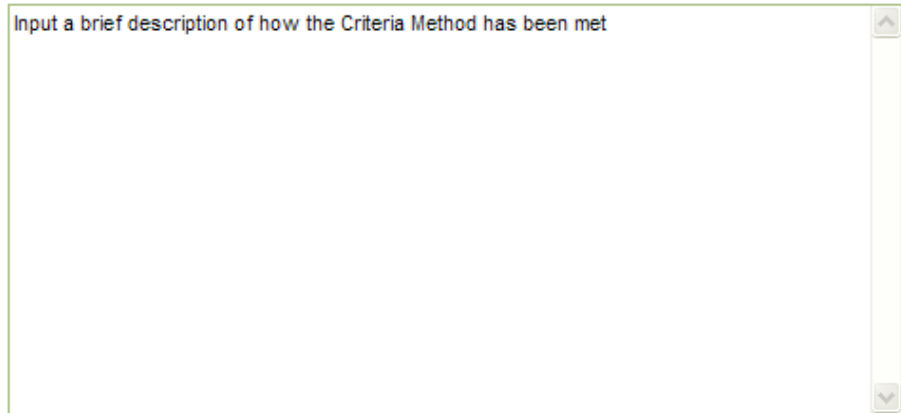
Implement

Upgrade

- a. Select **Adopt** - Acquire, purchase, or have access to certified EHR technology. Evidence of a binding legal and/or financial commitment to adopt a CMS certified EHR Technology is required to demonstrate adoption.
  - b. Select **Implement** - Install or commence utilization of certified EHR technology. This may include staffing, maintenance, and training or other activities.
  - c. Select **Upgrade** - Expand the functionality of an existing EHR so that it meets CMS certification requirements. This may include the addition of decision support modules, the establishment of interfaces for HIE, etc.
3. Input a brief description of how the EHR technology standard has been met in the text box.

You may describe briefly how you meet the Adoption of EHR Technology.

Input a brief description of how the Criteria Method has been met



4. Attach contract file and any additional back up to the SLR using the **Upload Files** button.

Information: The State of California requires that you upload at least one document (such as a contract, lease, or license) demonstrating a binding legal or financial commitment to adopt, implement, or upgrade CMS certified EHR technology. The EH may:

1. Upload the entire document(s)

OR:

2. Upload completed, signed copies of the Hospital EHR Documentation Form and the Vendor EHR Documentation Form and copies of the relevant pages from the contract, lease, license or other document(s).

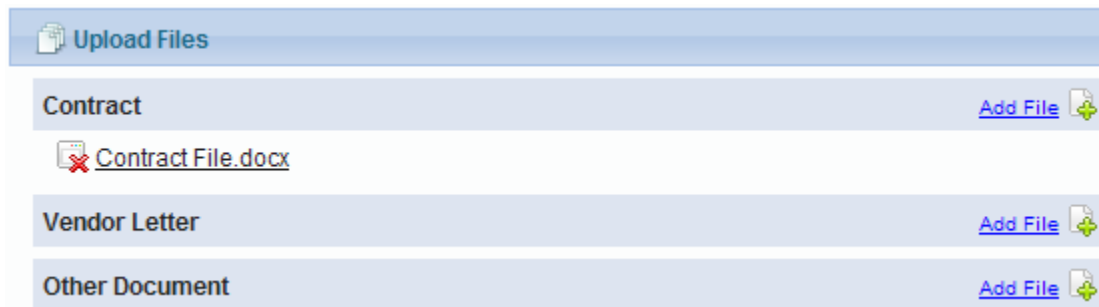
Note: Both the hospital and vendor documentation forms may be uploaded even if you are providing complete, non-redacted copies of documentation. Their use may expedite DHCS review of your hospital's application. **Modular EHRs must have documentation uploaded for all modules.** Documents exceeding 10 MB in size should be uploaded in segments. All files shall be one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

- a. Click **Upload Files** button.

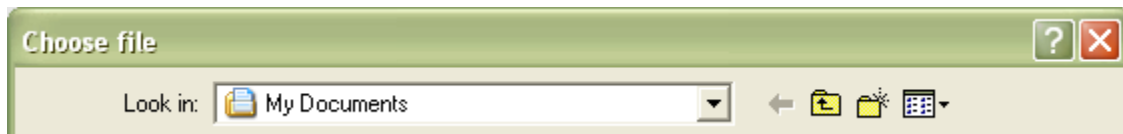


- b. Identify the **Subject** type of the file to be added:
  - Contract -
  - Vendor Letter
  - Other Document

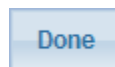
- c. Click the **Add File(s)** button. **[+]**



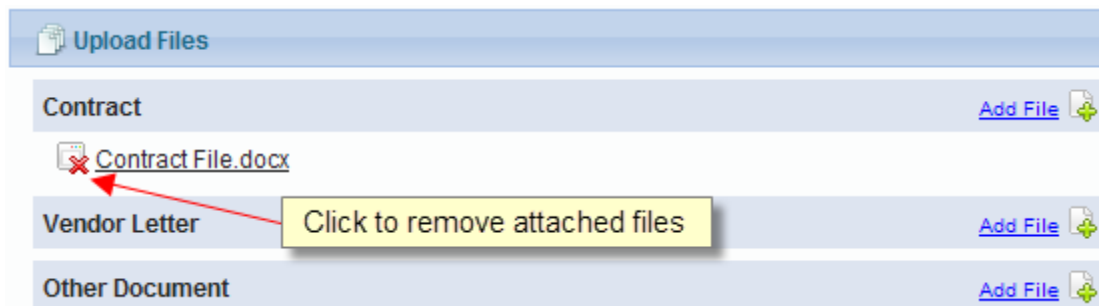
- d. Navigate to the file that meets the Subject type from the open **Choose file** window.



- e. Select file and click **Open** to attach the file.
- f. Add additional files as needed to the **Upload Files** pop-up window.
- g. Click **Done** to close Upload window and return to the **Certified EHR Technology – Adopt, Implement, Upgrade** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.



5. Complete the AIU Method section:

| To...   | Click...   |
|---|--|
| <ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul>          | <ul style="list-style-type: none"> <li><b>Save</b></li> </ul>  |
| <ul style="list-style-type: none"> <li>save data and move to step <b>3.B. CMS EHR Certification ID</b></li> </ul> | <ul style="list-style-type: none"> <li><b>Save and Continue</b></li> </ul>   |
| <ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>                                 | <ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes</u></b>, then<br/><b>"Back to Dashboard"</b> icon.</li> </ul> |

Note: Step **3.B: CMS EHR Certification ID** will remain locked from access until data has been saved for **3.A AIU Method**.

#### 4.7.1.1 AIU - CMS EHR Certification ID


Hospital Representatives must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and the product's unique certification ID, and the meaningful use criteria for which the product was certified. The state is required to validate the verification of the Certified EHR information before making any payment to hospital.

**\*\*It is the representative's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the state. Failure to do so could result in disqualification of the hospital from receiving payment.\*\***

Follow the steps below to complete the CMS EHR Certification section.

1. Select the **CMS EHR Certification ID** tab on the left of the screen to certify that the EHR technology being used is approved by the Office National Coordinator (ONC).
2. Read the Certified EHR Technology information below to learn the policy for certifying the Eligible Hospital technology.

#### Certified EHR Technology

"I understand that it is my responsibility, as the representative of the hospital, to ensure that my certified EHR technology ID is listed on the [ONC public web service](#)  before submitting my attestation to the State."

3. Click the check box to indicate understanding and acceptance of the EHR certification policy.
4. Go to the ONC website to receive the CMS EHR Certification ID at:

<http://onc-chpl.force.com/ehrcert>

- a. Select your practice type by selecting the Ambulatory or Inpatient buttons.
- b. Search for EHR Products by browsing all products, searching by product name or searching by criteria met.
- c. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria.
- d. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page.

Note: ONC does not allow you to mix Inpatient products and Ambulatory products together to represent a complete EHR solution. **Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID"**

- e. Capture a screen print of the screen with the CMS EHR Certification ID as backup for the SLR

5. Input the CMS EHR Certification ID received from the ONC website in the **CMS EHR Certification ID** field.

CMS EHR Certification ID \*

6. Attach a copy of the CMS EHR Certification ID screen and any additional backup to the SLR using the **Upload Files** button.

Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

- a. Click **Upload Files** button.



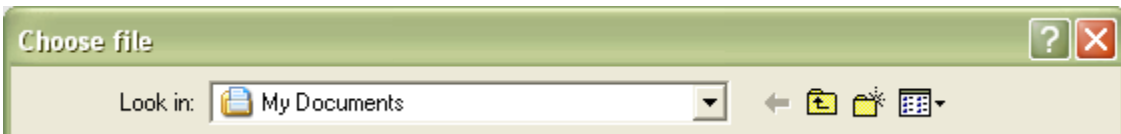
- b. Identify the **Subject** type of the file to be added:

- CMS EHR Certification ID Page **\*\*required file\*\***

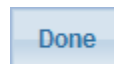
- c. Click the **Add File(s)** button. **[+]**



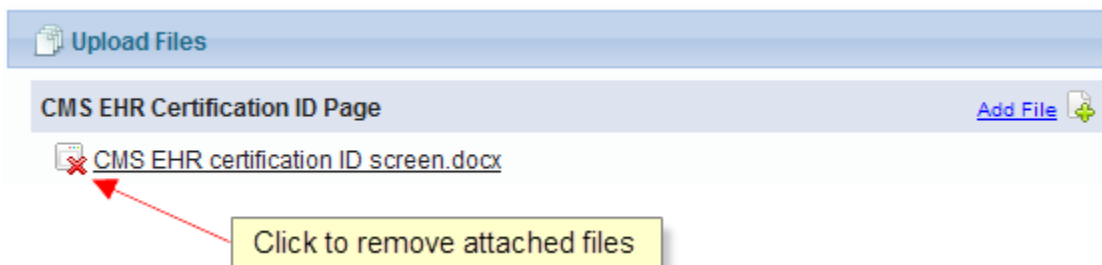
- d. Navigate to the file that meets the Subject type from the open **Choose file** window.



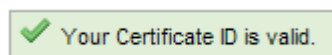
- e. Select file and click **Open** to attach the file.
- f. Add additional files as needed to the **Upload Files** pop-up window.
- g. Click **Done** to close Upload window and return to the **Certified EHR Technology – CMS EHR Certification ID** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.



7. Click Save to validate the **CMS EHR Certification ID**.



8. Complete the **3.B: CMS EHR Certification ID** section:

| To...  | Click...  |
|--|---|
| <ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul> | <ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>  |
| <ul style="list-style-type: none"> <li>save data and move to step 4. <b>Attestation</b></li> </ul>       | <ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>   |
| <ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>                        | <ul style="list-style-type: none"> <li><b><u>Cancel and Delete Changes</u></b>, then</li> <li><b>“Back to Dashboard”</b> icon.</li> </ul> |

#### 4.7.2 Attest to Meaningful Use

The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the “meaningful use” of certified EHR technology to improve patient care. Providers must show that they are “meaningfully using” their EHRs by meeting thresholds for a number of objectives. CMS has established the objectives for “meaningful use” that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must meet in order to receive an incentive payment.

The Medicare and Medicaid EHR Incentive Programs are staged in three steps with increasing requirements for participation. All providers begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of meaningful use and a full year in their second year of meaningful use. After meeting the Stage 1 requirements, providers will then have to meet Stage 2 requirements for two full years.

**Note:** In order to qualify for the Medi-Cal EHR Incentive program, 80% of all patients must have records in the EHR application.

The Meaningful Use criteria includes both a core set and a menu set of objectives that are specific to eligible professionals or eligible hospitals and CAHs. For eligible hospitals, there are a total of 24 meaningful use objectives. To qualify for an incentive payment, 19 of these 24 objectives must be met:

- 14 required core objectives
- 5 objectives chosen from a list of 10 menu set objectives.

In addition, there are 15 Core Clinical Quality Measures (CQMs) that must be met. The CQMs capture information about patient treatments and diagnoses instead of patient volumes. There are no passing percentages; these pages are simply intended to record information about the patients.

The table below shows the Core Objectives for Stage 1 of Meaningful Use

| HOSPITALS – Core Objectives |  |                                       |
|-----------------------------|--|---------------------------------------|
|                             | Objective  | Measure                               |
| 1                           | Computerized provider order entry  | Greater than 30%                      |
| 2                           | Implement drug-drug and drug-allergy interaction checks  | Yes / No                              |
| 3                           | Record demographics  | More than 50%                         |
| 4                           | Implement one clinical decision support rule and the ability to track compliance with the rule | One                                   |
| 5                           | Maintain up-to-date problem list of current and active diagnoses                               | More than 80%                         |
| 6                           | Maintain active medication list  | More than 80%                         |
| 7                           | Maintain active medication allergy list  | More than 80%                         |
| 8                           | Record and chart vital signs   | More than 50% for patients 2 and over |
| 9                           | Record smoking status for patients 13 years old or older                                       | More than 50%                         |

| <b>HOSPITALS – Core Objectives, cont.</b> |  |   |
|---|--|---|
|   | <b>Objective</b>   | <b>Measure</b>  |
| <b>10</b>                                 | Report clinical quality measures to CMS or the State   | 2011 – aggregate numerator, denominator, exclusions through attestation<br>2012 – electronically submit clinical quality measures |
| <b>11</b>                                 | Provide patients with an electronic copy of their health information, upon request   | More than 50%<br>Within 3 business days   |
| <b>12</b>                                 | Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request  | More than 50%   |
| <b>13</b>                                 | Capability to exchange key clinical information among providers of care and patient authorized entities electronically                                   | At least 1 test of this ability by the EHR performed  |
| <b>14</b>                                 | Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities | Conduct or review a security risk analysis and implement updates as necessary and correct identified security deficiencies        |

The table below shows the Menu Set Objectives for Stage 1 of Meaningful Use

| <b>HOSPITALS – Menu Set Objectives</b> |  |   |
|--|--|---|
|  | <b>Objective</b>   | <b>Measure</b>  |
| <b>1</b>                               | Implement drug-formulary checks  | Has enable this functionality<br>Has access to at least one internal or external drug formulary for the entire EHR reporting period |
| <b>2</b>                               | Record advanced directives for patients 65 years old or older  | More than 50% of patients 65 or older admitted have indication of an advanced directive status recorded                             |
| <b>3</b>                               | Incorporate clinical lab-test results into certified EHR technology as structured data   | More than 40% in positive/negative or numerical format  |
| <b>4</b>                               | Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach   | Generate at least one report listing of patients with a specific condition  |
| <b>5</b>                               | Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate   | More than 10% are provided patient-specific education resources   |
| <b>6</b>                               | The EP, eligible hospital or CAH who receives a patient from another setting or care or provider of care or believes an encounter is relevant should perform medication reconciliation   | Medication reconciliation for more than 50% of transitions of care  |
| <b>7</b>                               | The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral | More than 50 % of transitions of care and referrals   |
| <b>8*</b>                              | Capability to submit electronic data to immunization registries or immunization Information Systems and actual submission in accordance with applicable law and practice   | At least one test of certified EHR to complete this functionality   |



| HOSPITALS – Menu Set Objectives, cont. |   |  |
|--|---|--|
|  | Objective   | Measure  |
| 9*                                     | Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice | At least one test of certified EHR functionality to provide submission of reportable lab results to public health agencies & follow-up submission if test is successful  |
| 10*                                    | Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice  | At least one test of certified EHR capacity to provide electronic syndromic surveillance data to public health agencies & follow-up submission if the test is successful |

\*At least 1 public health objective must be selected

#### 4.7.2.1 MU Reporting Period


For the first year, only data captured during a 90-day period is required, though a full year is required after that. An EH applying for the 2012 Program Year must have Medicaid eligibility dates between 10/1/11 and 9/30/12. EHs starting their applications after January 1, 2013 will be in the 2013 program year.

The table below shows a break down for the Reporting Period for Meaningful Use


| Reporting Period | AIU as First Year        | MU as First Year         |
|------------------|--------------------------|--------------------------|
| Year 1           | None                     | 90 days (MU)             |
| Year 2           | 90 days (MU)             | Federal Fiscal Year (MU) |
| Year 3           | Federal Fiscal Year (MU) | Federal Fiscal Year (MU) |
| Year 4           | Federal Fiscal Year (MU) | Federal Fiscal Year (MU) |

Some Hospitals, called Dually Eligible Hospitals, qualify for both Medicare and Medicaid incentive payments. Those hospitals that have already submitted and passed Meaningful Use measurements for Medicare automatically meet Meaningful Use obligations for the Medicaid program.

A Hospital that is eligible for both Medi-Care and Medi-Cal incentive payments is referred to as “Dually Eligible”. Those hospitals that have already submitted and passed Meaningful Use measurements for Medicare automatically meet Meaningful Use obligations for the Medi-Cal program. The below message is received indicating that the EH may progress on to step 4.


**Attestation Status**



Did you attest for Meaningful Use under the MediCare program?


**Congratulations!**

Because CMS has approved your hospital for meaningful use for the Medicare EHR Incentive Program, you will not need to enter meaningful use data for the Medi-Cal EHR Incentive Program. Please click "Continue" below to continue with your hospital's application.

Follow the steps below to complete the **Reporting Period** screen.

1. Input the start date for the Meaningful Use reporting period from the within the federal fiscal year (October 1-September 30).

Start Date   \* End Date   \*

2. Input the total number of patient records that were recorded in the certified EHR technology.  
Note: At least 80% of the patient must have records in the records certified EHR technology.

Numerator  Denominator   Percentage 80.46%

3. Indicate the method used for including patients admitted to the Emergency Department (ED).  
Information: Use the following link for more information on the method choices [ED Admission Methods](#)

Observation Services Method ☐  
All ED Visits Method ☐

4. Click check box to indicate agreement with the following Meaningful Use statements:
- The information submitted for clinical quality measures (CQMs) was generated as an output from the provider's certified EHR technology.
  - The information submitted is accurate to the knowledge and belief of the provider or the person submitting on behalf of the hospital.
  - The information submitted is accurate and complete for numerators, denominators, exclusions, and measures applicable to the hospital.
  - The information submitted for each measure includes information on all applicable patients.

5. Complete the **Meaningful Use Reporting Period** section:

| To...  | Click...   |
|--|--|
| <ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul>     | <ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>                     |
| <ul style="list-style-type: none"> <li>save data and move to step 3.<br/><b>EHR Certification</b></li> </ul> | <ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>        |
| <ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>                            | <ul style="list-style-type: none"> <li><b>"Back to Dashboard" Icon.</b></li> </ul> |

#### 4.7.2.2 MU - EHR Certification

Hospital Representatives must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and the product's unique certification ID, and the meaningful use criteria for which the product was certified. The state is required to validate the verification of the Certified EHR information before making any payment to hospital.

**\*\*It is the representative's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the state. Failure to do so could result in disqualification of the hospital from receiving payment.\*\***

Follow the steps below to complete the CMS EHR Certification section.

- Input the CMS EHR Certification ID if available, other follow the steps below.
  - Go to the ONC website to receive the CMS EHR Certification ID at:  
<http://onc-chpl.force.com/ehrcert>
  - Select your practice type by selecting the Ambulatory or Inpatient buttons.
  - Search for EHR Products by browsing all products, searching by product name or searching by criteria met.

- d. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria.
- e. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page.

Note: ONC does not allow you to mix Inpatient products and Ambulatory products together to represent a complete EHR solution. **Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID"**

- f. Capture a screen print of the screen with the CMS EHR Certification ID as backup for the SLR
2. Input the CMS EHR Certification ID received from the ONC website in the **CMS EHR Certification ID** field.

CMS EHR Certification ID \*

3. Attach a copy of the CMS EHR Certification ID screen and any additional backup to the SLR using the **Upload Files** button.

Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

4. Complete the **MU - EHR Certification** section:

| To...  | Click...   |
|--|--|
| <ul style="list-style-type: none"> <li>save data and remain in the screen for further editing</li> </ul> | <ul style="list-style-type: none"> <li><b>Save.</b></li> </ul>                     |
| <ul style="list-style-type: none"> <li>save data and move to step 3.<br/><b>Core Measures</b></li> </ul> | <ul style="list-style-type: none"> <li><b>Save and Continue.</b></li> </ul>        |
| <ul style="list-style-type: none"> <li>exit screen without saving data</li> </ul>                        | <ul style="list-style-type: none"> <li><b>"Back to Dashboard" Icon.</b></li> </ul> |

#### 4.7.2.3 MU Core Measures

Core Measures track how much of a provider's patient population has been entered into the EHR software for certain reasons. Eligible Hospitals must enter responses for all 14 Core Measures. The objectives generally consist of an acknowledgement that you have met the obligations. The user may click **Save** or **Save & Continue** to save the inputs, but is to use **Save & Continue** to move through the steps. If the user selects the **Save & Continue** button with all fields completed on a page and the result fails the criteria set, a failed icon will appear. If even one Core Objective fails to meet its minimum criteria, the Attestation will fail. Providers must enter all 14 Core Objectives and these are listed in the Navigation Menu when the MU Attestation Type is selected.

Use the **File Upload** function to attach any supporting documentation that explains/defines the inputs for the Meaningful Use Core Measures. In preparing the document, a few things to consider are:

- Is the backup data from the designated reporting period?
- Is the data summarized?
- Are the correct Medi-Cal-funded programs included in the data?
- Is there a connection between the provider(s) and the encounters in the data?

Acceptable additional documentation may include:

- A report from the practice management system with sufficient detail to demonstrate how the reported Medi-Cal encounters or Other Needy Individual encounters were derived. This may be in Excel or other formats. Please specify the vendor of the practice management system.
- Other documentation, such as billing logs, practice registers, etc. Any such non-electronic documentation should be clear enough and contain sufficient detail to enable the reviewers to quickly and accurately validate the Medi-Cal and Other Needy Individual encounters.

### Criteria Met



**Passed!**

Your response to this measure meets Meaningful Use criteria.

### Criteria Not Met



**Failed**

Your response to this measure does not meet Meaningful Use criteria.

| Core Measures  | Questionnaire<br>3 of 14           |
|--|------------------------------------|
| <b>Up-to-date Problem List</b>   |                                    |
| <b>Objective:</b><br>Maintain an up-to-date problem list of current and active diagnoses.  |                                    |
| <b>Measure:</b><br>More than 80 % of all unique patients admitted to the hospital's inpatient or emergency department have at least one entry or an indication that no problems are known for the patient recorded as structured data. |                                    |
| Complete the following information:  |                                    |
| Numerator = Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list  |                                    |
| Denominator = Number of unique patients seen during the MU Reporting Period  |                                    |
| *Numerator: <input type="text"/>   | *Denominator: <input type="text"/> |

#### 4.7.2.4 MU Menu Set Measures

Hospitals must report on at least five (5) meaningful use menu measures. At least one of the five menu measures must be from the public health menu measures list. In addition to reporting on at least one public health menu measure, the hospital must select at least four additional menu measures either from a mixture of the public health menu measures list and the additional menu measures. Hospitals are encouraged to select menu measures for which they can report and to claim an exclusion for menu measures only if there are no remaining menu measures for which they are able to report. When Menu Objectives are selected from the Menu Selection page, the selections will appear as options in the Navigation Menu when the **Save & Continue** button is selected on the page.

## Menu Measures

Hospitals must report on at least five (5) meaningful use menu measures. At least one of the five menu measures must be from the public health menu measures list. In addition to reporting on at least one public health menu measure, the hospital must select at least four additional menu measures either from the public health menu measures list or from the additional menu measures list below. Hospitals are encouraged to select menu measures for which they can report and to claim an exclusion for menu measures only if there are no remaining menu measures for which they are able to report.

### Public Health Measures

Selected: 5 of 5

You must select at least one of the public health measures listed below even if your hospital is eligible for an exclusion for all.

Selected: 3

▶ Immunization Registries ☒

▶ Public Health Reporting ☒

▶ Syndromic Surveillance ☒

### Additional Menu Measures

You must select additional menu measures until a total of 5 menu measures (including public health measures) have been selected. Measures for which your hospital is eligible for an exclusion count toward this requirement.

Selected: 2

▶ Drug Formulary Checks ☒

▶ Advance Directives ☐

▶ Clinical Lab Test Results ☐

▶ Patient Lists ☐

▶ Patient Education Resources ☐

▶ Medication Reconciliation ☐

▶ Summary of Care Record ☒

#### 4.7.2.5 CQM Core Measures

Clinical Quality Measures, or CQMs, capture information about patient treatments and diagnoses instead of information about the number of patients in the EHR. There are no passing percentages, as these pages are simply intended to capture information about patients.

All 15 of the EH Core CQMs are required. If the participating hospital has seen no patients to which one of these CQMs would apply, then enter 0 in the Denominator field of that page's Detail page. For example, the Core CQM 1 NQF 0495 has 3 lines of Population Criteria, each line having a Numerator, Denominator, and Exclusion field.

#### NQF 0495

##### Title:

Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients

##### Description:

Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

Complete the following information:

ED-1.1: All ED patients admitted to the facility from the ED.

**Numerator** = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where  $N \leq D$  or  $N \geq D$ .

**Denominator** = All ED patients admitted to the facility from the ED. A positive whole number.

**Exclusion** = Observation & Mental Health Patients. A positive whole number.

\*Numerator:

\*Denominator:

\*Exclusion:

#### 4.7.2.6 Detailed Summary Report

After completing the **Reporting Period, EHR Certification, Core Measures, Menu Measures, and CQM Core Measures** the Detailed Summary report can be generated providing a summary of the answers submitted for the Meaningful Use section of the Medi-Cal EHR Incentive Program.

Once the **EHR Reporting Period, EHR Certification, Core Measures, Menu Measures, and CQM Core Measures** have been input the Meaningful use section of the Medi-Cal EHR Incentive Program will be completed and the user can continue on to Step 4. Attestation.

**Congratulations!**

You have successfully completed the requirements for Meaningful Use. You may continue to the next step.

[Continue to Attestation](#)

## 4.8 Step 4. Attestation

The State of California requires that hospitals submit an Attestation Agreement signed by the Hospital Administrator certifying that all information in this application is accurate and complete. The Attestation page can only be accessed after the **About You, Eligibility Information, and Certified EHR Technology** sections have been completed.

### 4. Attestation

Review and attach your signed attestation below. \* Indicates required fields.

**Step 1: Print to Sign Attestation**  
Please carefully review the information you entered in support of your attestation and sign.

[Print and Sign Attestation](#)

**Step 2: Scan and Upload Signed Attestation**  
After you have signed your attestation, please upload a signed copy for submission to the state and click the Save or Save and Continue button below. If you have a problem uploading your document, please contact the help desk at (866) 879-0109 for assistance.

**Locate Signed Attestation \*** [Upload Files](#)

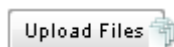
File(s) Attached - {0}

After you have attached your signed attestation and saved this page, you will not be able to go back and make changes. If for any reason you need to change your information, please contact the help desk at (866)879-0109 for assistance.

[Save](#) [Save And Continue](#) [Cancel and Delete Changes](#)

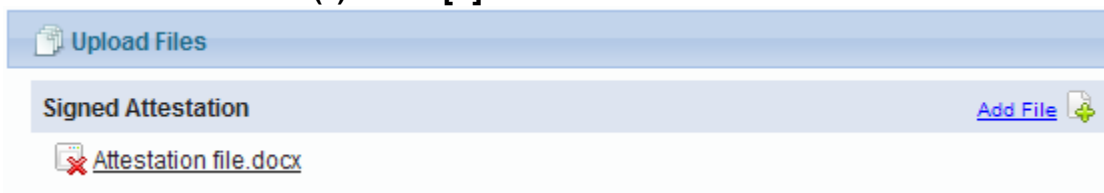
1. Click the **Print and Sign Attestation** button to print letter for the Hospital Administrator to sign and for hospital records.
2. Read the Hospital Attestation letter thoroughly.
3. Hospital Administrator signs the Hospital Attestation Letter indicating understanding and acceptance of the conditions of the Medi-Cal EHR Incentive program.
4. Scan the letter into PDF format after the Hospital Administrator has signed it.
5. Attach Signed Attestation file to the SLR using the **Upload Files** button.  
Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

- a. Click **Upload Files** button.

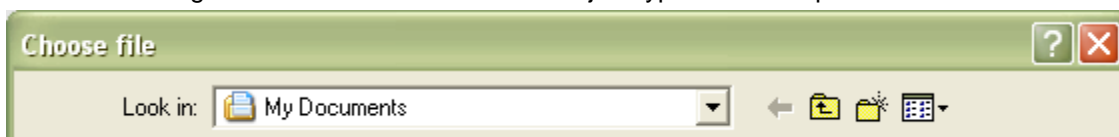


- b. Identify the **Subject** type of the file to be added:
- Signed Attestation - **\*\*required file\*\***

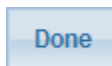
- c. Click the **Add File(s)** button. **[+]**



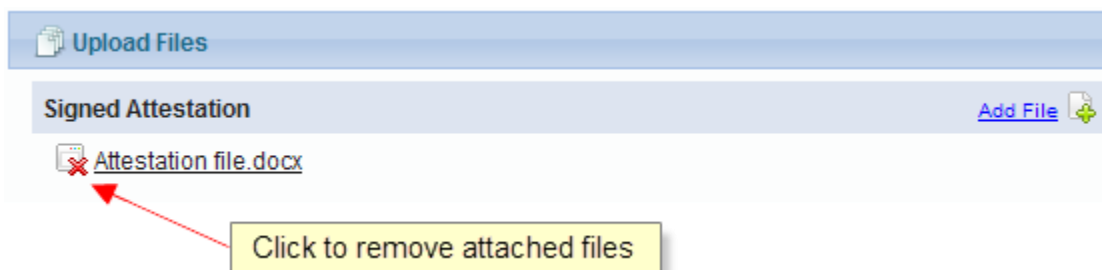
- d. Navigate to the file that meets the Subject type from the open **Choose file** window.



- e. Select file and click **Open** to attach the file.
- f. Add additional files as needed to the **Upload Files** pop-up window.
- g. Click **Done** to close Upload window and return to the **Attestation** page.



To remove a file that has already been attached to the SLR, click the [X] to delete the file.



**NOTE:** Once the signed Attestation letter is attached and saved to the SLR Application, steps 1-4 will be locked and set to read only. After this point, the Help Desk must be contacted to release the steps.






After you have attached your signed attestation, you will not be able to go back and make changes. If for any reason you need to change your information, please contact the help desk at (866)879-0109 for assistance.

6. Complete the **Attestation** section:

| To...  | Click...  |
|--|---|
| • save data and remain in the screen for further editing | • <b>Save.</b>  |
| • save data and move to step 5. <b>Submit</b>            | • <b>Save and Continue.</b>   |
| • exit screen without saving data                        | • <b>Cancel and Delete Changes</b> , then<br>• <b>"Back to Dashboard"</b> icon. |

## 4.9 Step 5. Submit

The final step is to submit the eligible hospital attestation to participate in the Medi-Cal EHR Incentive program. All necessary data has been input in the SLR review and is now prepared to be sent to CMS for review. Upon formal submission of Attestation to the state of California the steps to the SLR will be locked and set to read-only for review purposes.

| Year 1   |  |
|--|--|
|   | <b><u>1. About You</u></b><br>Additional Registration Information and CMS Registration & Attestation site data |
|   | <b><u>2. Eligibility Information</u></b><br>Hospital Information and Payment Calculation                       |
|   | <b><u>3. Certified EHR Technology</u></b><br>Related to Adopting, Implementing, Upgrading or Meaningful Use    |
|   | <b><u>4. Attestation</u></b><br>Review, Print, Sign and Upload SLR Agreement                                   |
|  | <b><u>5. Submit</u></b><br>Send and lock all information to State  |



1. Read the pop up message about completing submission of the Hospital Attestation.

## 5. Submit ✕

### Submit Application.

You have completed all required information in your application for the Medi-Cal EHR Incentive Program. If you would like to submit it to the state, click the submit button below. If you have any questions, contact the help desk at (866) 879-0109 or by email at [SLRHelpdesk@acs-inc.com](mailto:SLRHelpdesk@acs-inc.com).

Submit Application

Cancel and do not submit attestation

2. Click **Submit Application** to formally submit the attestation report saved in Step 4. **Attestation.**  
Note: Following the submission, all sections will be set to “view only” and no further changes may be made.
3. Confirm Attestation has been submitted in the pop-up window.

## Application Submitted ✕

✔ Attestation Submitted

Congratulations. Your hospital's application has been successfully submitted to the state. Your application will be validated by the state and then sent to CMS for review prior to payment. Please note: the validation process may take up to 10 weeks. You will receive an email notification when your payment has been issued.

4. Verify “System Messages” section on the Homepage has a notice that is confirming the Attestation has been submitted.

| System Messages (5)                        |                      |            |
|--|----------------------|------------|
| Subject                                    | Date Received        | From       |
| <u>Your attestation has been submitted</u> | 7/1/2011 11:22:04 AM | HEALTHCARE |
| Document Request Confirmation              | 6/17/2011 4:55:35 PM | HEALTHCARE |
| Account Information Request                | 6/17/2011 4:45:52 PM | HEALTHCARE |
| Document Request Received                  | 6/17/2011 4:43:44 PM | HEALTHCARE |
| Account Information Request                | 6/17/2011 4:35:22 PM | HEALTHCARE |

5. Confirm receipt of an email from "California State Level Registry System Messages" and save for hospital records.

*From: California State Level Registry System Messages [\[mailto:noreply@xerox.com\]](mailto:noreply@xerox.com)*  
*Sent: Wednesday, July 06, 2012 4:01 PM*  
*To: Hospital Representative*  
*Subject: Your attestation has been submitted*

*Dear Hospital Representative,*

*Your application has been successfully submitted to the State of California for Year 1 of the Medi-Cal EHR Incentive Program. Your application will be validated by the state to determine your eligibility to receive the incentive payment. The state may elect to audit any or all information submitted as part of your attestation prior to approving your payment.*

*Upon state approval and CMS authorization to pay, you will receive payment and an email confirmation.*

*You can view messages related to your application and check your application status by logging into your account at [www.medi-cal.ehr.ca.gov](http://www.medi-cal.ehr.ca.gov).*

*For any questions concerning your submission, please contact the Help Desk at (866)879-0109 or via email: [SLRHelpdesk@xerox.com](mailto:SLRHelpdesk@xerox.com).*

*Thank you*

*California Medi-Cal EHR Incentive Program*  
*Help Desk Phone: (866) 879-0109*  
*Help Desk Email: [SLRHelpdesk@xerox.com](mailto:SLRHelpdesk@xerox.com)*  
*State Level Registry: <http://medi-cal.ehr.ca.gov/>*

The process for applying for the Electronic Health Record Incentive Program for Medicaid providers has been completed. Please check back periodically for the status of the hospital's application with the CA Department of Health Care Services and the Centers for Medicare and Medicaid Services.

Thank you for your participation in the Electronic Health Record Incentive Program.

## 4.10 Access Reports

### 4.10.1 Reports for Eligible Hospitals

Two report types are available to the Hospital Representative.

[Provider SLR Application Information](#)

[SLR Messages](#)

1. **Provider SLR Application Information** – Report detailing the Application and Payment Information for the account submission.
2. **SLR Messages** – Provides confirmations of actions within the SLR. For example, changes to the password or use of the “Forgot User ID?” function will result in a system message being generated.

### 4.10.2 Post Submission File Upload

A file upload function is available on the account dashboard after the Hospital's application has been submitted. The Post – Submission upload function should be used for adding additional documentation to support the Hospital's application for the Medi-Cal EHR Incentive Program.

The following types of documents may be acceptable:

- Output from the practice management system with sufficient detail to demonstrate how you derived your reported Medi-Cal encounters or Other Needy Individual encounters. This may be in Excel or other formats. Please specify the vendor of the practice management system.
- Other documentation, such as billing logs, practice registers, etc. Any such non-electronic documentation should be clear enough and contain sufficient detail to enable the reviewers to quickly and accurately validate the Medi-Cal and Other Needy Individual encounters.

Upload Additional Documentation

You may use this to upload additional documentation after your application has been submitted. Click [here](#) for additional information.

Upload Files

File(s) Attached - {0}

## 5. Troubleshooting

### 5.1 Accessing Help

For SLR Web application assistance, contact the Help Desk designated to support the SLR.

Phone: (866) 879-0109  
Email: SLRHelpdesk@xerox.com

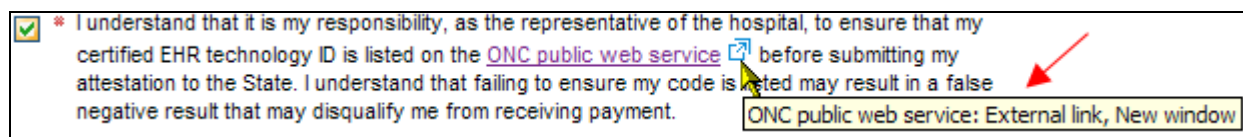
#### 5.1.1 Help Text Displays

Located throughout the SLR Web application, there are various tool tips, help text, and more info link displayed to help you complete the pages.

Here are a few examples:

**Tool Tips.** A tool tip is text that displays when the mouse hovers over an area on the page.

Page view with tool tip:



**Help Text.** Help text is text that displays on the page. Help text instructs you on how to respond to a particular field or, it provides some additional information about the field or the page. For example:

Enter the year of your most current cost report: \*

**Help Text** → This should be the hospital fiscal year that ends during the federal fiscal year prior to the fiscal year that serves as the payment year.

The data sources listed below should be used for CMS Annual Reports(2552-96 or 2552-10). Other auditable data sources may be used if necessary.

Non-acute beds should be excluded. Nursery and swing bed days should be excluded if the hospital is unable to distinguish between days used to deliver SNF-level care versus inpatient acute-level care.

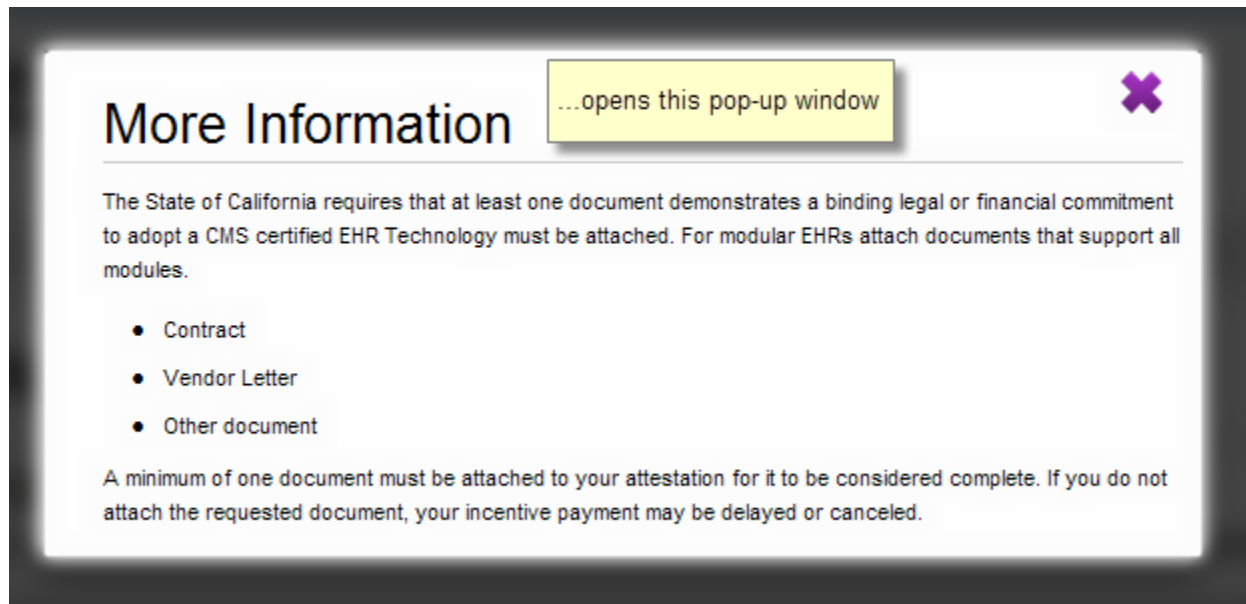
Total Inpatient Bed Days \*

**Help Text** → CMS 2552-96: Worksheet S-3 part I, column 6, sum of lines 1,2, 6-10.  
CMS 2552-10: Worksheet S-3 part I, column 8, sum of lines 1, 2, 8-12.

Total Discharges \*

**Help Text** → CMS 2552-96: Worksheet S-3, part I, column 15, line 12.  
CMS 2552-10: Worksheet S-3, part I, column 15, line 14.

**More Info.** Provides more details around the field or page that is being completed. For example:



## 5.2 Web Page Message Display

Use the table below to identify how to resolve an issue:

| What is the error message?  | On what page(s) could this error appear?                          | How can you fix it?   |
|---|---|---|
| Your login attempt was not successful. Please try again.                        | <ul style="list-style-type: none"> <li>Login</li> </ul>           | Re-enter your Login ID and password. You have four total attempts to enter the correct information. |
| Your account is currently locked out; please contact Help Desk at 866-879-0109. | <ul style="list-style-type: none"> <li>Login</li> </ul>           | Contact the site administrator or Help Desk to get your account unlocked.                           |
| Please agree to the End User License Agreement.                                 | <ul style="list-style-type: none"> <li>EULA</li> </ul>            | Click the checkbox.   |
| The User ID entered is not recognized in the system. Please try again.          | <ul style="list-style-type: none"> <li>Forgot Password</li> </ul> | Re-enter your User ID. You have four total attempts to enter the correct information.               |

| What is the error message?   | On what page(s) could this error appear?   | How can you fix it?   |
|--|--|---|
| Your attempt to retrieve your User ID was not successful. Please contact the Help Desk at 866-879-0109.  | <ul style="list-style-type: none"> <li>Forgot Password</li> </ul>  | Contact the Help Desk at 866-879-0109   |
| Your answer could not be verified. Please try again.   | <ul style="list-style-type: none"> <li>Forgot Password</li> </ul>  | Re-enter your answer to the Challenge Question. You have four total attempts to enter the correct information.        |
| Your attempt to retrieve your password was not successful. Please contact the Help Desk at 866-879-0109.   | <ul style="list-style-type: none"> <li>Forgot Password</li> </ul>  | Contact the Help Desk at 866-879-0109.  |
| Password must have a minimum of 8 characters and a maximum of 20. Your password must include at least 1 upper case and 1 lower case letter, 1 number, 1 special character (the "at" symbol "@"; pound "#"; exclamation "!"); not your login name, not an old password. | <ul style="list-style-type: none"> <li>Reset Password</li> <li>Create Login</li> <li>My Account</li> <li>Create Account</li> </ul> | Re-enter your password as defined by the requirements. You have four total attempts to enter the correct information. |
| The Confirm New Password must match the New Password entry.  | <ul style="list-style-type: none"> <li>Reset Password</li> <li>Create Login</li> <li>My Account</li> <li>Create Account</li> </ul> | Re-enter the new password.  |
| NPI is 10 digits.  | <ul style="list-style-type: none"> <li>Forgot User ID</li> <li>Create Account</li> </ul>   | Re-enter your 10 digit NPI.   |
| TIN is 9 digits.   | <ul style="list-style-type: none"> <li>Forgot User ID</li> <li>Create Account</li> </ul>   | Re-enter your 9 digit TIN.  |
| IDs entered are not in our system. If you need assistance, please contact the Help Desk at 866-879-0109.   | <ul style="list-style-type: none"> <li>Forgot User ID</li> </ul>   | Re-enter any numbers that are incorrect.  |
| The TIN and ID entered does not match a provider on file. Please contact the help desk at 866-879-0109 for assistance.   | <ul style="list-style-type: none"> <li>Create Account</li> </ul>   | Contact the Help Desk at 866-879-0109.  |

| What is the error message?  | On what page(s) could this error appear?  | How can you fix it?   |
|---|---|---|
| The characters you entered didn't match the image verification. Please try again.   | <ul style="list-style-type: none"> <li>Create Account</li> </ul>                                      | <ul style="list-style-type: none"> <li>Check input.</li> <li>Click on "new image" to reset CAPTCHA image</li> </ul>                           |
| The User ID must be between 8 – 10 characters. No spaces or special characters are allowed. Please try again.   | <ul style="list-style-type: none"> <li>Create Login</li> </ul>  | Enter a User ID that is between 8 to 10 characters without spaces or special characters.  |
| User ID is not available. Please try again.   | <ul style="list-style-type: none"> <li>Create Login</li> </ul>  | Enter a new User ID.  |
| Please enter a valid Email address.   | <ul style="list-style-type: none"> <li>Create Login</li> <li>My Account</li> <li>About You</li> </ul> | Re-enter your email address.  |
| Caution: You cannot save this page.<br>Your status with Medi-Cal is "Permanently Suspended."<br>You cannot continue with the application process as providers with this status are not eligible to participate in the Medi-Cal EHR Incentive Program. If you believe this status is an error, please contact the help desk at (866) 879-0109. | <ul style="list-style-type: none"> <li>About You</li> </ul>   | Contact DHCS at Medi-Cal.ehr.ca.gov for further information. Contact the Help Desk at (866) 879-0109, if you believe this status is in error. |
| The entire 90 day Representative Period must be in the previous federal fiscal year.  | <ul style="list-style-type: none"> <li>Eligibility Information</li> </ul>                             | Re-enter dates in the previous federal fiscal year.   |
| Numerical data must be entered in the Total Discharges for Representative Period and Medi-Cal Discharges for Representative Period fields for the calculation to be run.  | <ul style="list-style-type: none"> <li>Eligibility Information</li> </ul>                             | Re-enter the appropriate data in the required fields.   |
| Estimated Medicaid Inpatient Bed Days cannot be greater than total estimated Inpatient Bed Days.  | <ul style="list-style-type: none"> <li>Eligibility Information</li> </ul>                             | Confirm inputs in data fields   |

| What is the error message?   | On what page(s) could this error appear?   | How can you fix it?  |
|--|--|--|
| Caution: You cannot save this page.<br>The CMS Certification Number (CCN) is missing from your hospital's CMS Registration & Attestation Site data.<br>If you believe this is an error, please contact the help desk at (866) 879-0109.  | <ul style="list-style-type: none"> <li>Eligibility Information</li> </ul>  | Registration data from CMS may take up to 3 days to load in to the CA State Level Registry system. Contact the help desk at (866) 879-0109, if 3 days has passed and the error persists. |
| Caution: You cannot save this page.<br>The CMS Certification Number (CCN) from your hospital's CMS Registration & Attestation Site data is invalid.<br>If you believe this is an error, please contact the help desk at (866) 879-0109   | <ul style="list-style-type: none"> <li>Eligibility Information</li> </ul>  | Registration data from CMS may take up to 3 days to load in to the CA State Level Registry system. Contact the help desk at (866) 879-0109, if 3 days has passed and the error persists. |
| Numerical data must be entered in the Total Inpatient Bed Days and Total Discharges for Representative Period fields for the calculation to be run.  | <ul style="list-style-type: none"> <li>Eligibility Information</li> </ul>  | Re-enter the appropriate data in the required fields   |
| You must attach at least one document (such as a contract) supporting your choice of AIU to complete this step.  | <ul style="list-style-type: none"> <li>Eligibility Information</li> <li>Certified EHR Technology</li> <li>Attestation</li> </ul> | Attach back up documentation using the <b>Upload File</b> function   |
| There was an error connecting to the ONC CHPL Web Service used for certification validation. Please try again  | <ul style="list-style-type: none"> <li>Certified EHR Technology - CMS EHR Certification ID</li> </ul>                            | Verify inputs in step  |
| Your CMS EHR Certification ID is invalid. Please ensure the information that you entered is correct. You will not be able to proceed without a valid CMS EHR Certification ID. If you believe this is an error please contact the help desk at (866) 879-0109 or by email at SLRHelpdesk@xerox.com | <ul style="list-style-type: none"> <li>Certified EHR Technology - CMS EHR Certification ID</li> </ul>                            | Re-enter the certification number of your EHR.   |



| What is the error message?                    | On what page(s) could this error appear?   | How can you fix it?  |
|---|--|--|
| Word cannot start the converter mswrd632.wpc. | <ul style="list-style-type: none"> <li>Opening a previously attached .docx file from provider in the Managed Files function</li> </ul> | Contact local tech support to verify mswrd632.wpc file is in place on hospital computer system |

## 5.3 Frequently Asked Questions (FAQs)

Clicking on the highlighted section links following the questions below will direct you to that section within the User Manual.

How do I report a problem with the SLR application? [Section 1.4 – Problem Reporting](#) or [Section 5.1 – Accessing Help](#)

Why was the SLR Web application developed? [Section 2 - Overview](#)

What can I do with the SLR Web application? [Section 2.1 – Application Features](#)

What do I need in order to be able to use the SLR Web application? [Section 2.3 – Materials and Preparation](#)

What does CMS consider an Eligible Hospital? [Section 6 - Definitions](#)

How do I log into the SLR Web application? [Section 4.2 – Log on to the State Level Registry \(SLR\) system](#)

How do I create an SLR account for the hospital? [Section 4.1 – Creating a New SLR Account for Hospital Representatives](#)

How do I change my password? [Section 4.4.2 – Voluntary Challenge Question Change in My Account](#)

What do I do if I forgot my user Id? [Section 4.1.2 - Forgot User ID for SLR](#)

What do I do if I forgot my password? [Section 4.1.3 - Forgot Password for SLR](#)

How do I get started in applying for the incentive payment for an Eligible Hospital? [Section 4.5 – Applying for the Incentive Program](#)

How do I access messages and reports? [Section 4.10 – Access Reports](#)

Where can I view the status of my payment? [Section 4.10 – Access Reports](#)

## 6. Definitions

The following glossary terms are found within this document.

| Term/Acronym  | Explanation/Expansion  |
|---|--|
| American Reinvestment and Recovery Act of 2009 (ARRA) | ARRA 2009- American Recovery and Reinvestment Act of 2009 is an economic stimulus package enacted in a direct response to the economic crisis. The immediate goals were to: <ul style="list-style-type: none"> <li>• create new jobs and save existing ones.</li> <li>• spur economic activity and invest in long-term growth.</li> <li>• foster unprecedented levels of accountability and transparency in government spending.</li> </ul> Included in the Act was funding for health information technology (HIT) investments to computerize health records to reduce medical errors and save on health-care costs. <sup>1</sup> |
| CMS Certification Number (CCN)                        | A number assigned to hospitals by the Centers of Medicare and Medi-Cal Services, the CMS Certification Number (CCN) is the hospital's identification number that is link to its Medicare provider agreement. The CCN is used for CMS certification and also for submitted and reviewing the hospital's cost reports. <sup>2</sup>  |
| Centers for Medicare and Medi-Cal Services (CMS)      | The Centers for Medicare and Medi-Cal Services (CMS) is a United States Federal Agency which administers Medicare, Medi-Cal, and the Children's Health Insurance Program (CHIP). <sup>3</sup>  |
| Computerized Physician Order Entry (CPOE)             | Computerized Physician Order Entry (CPOE) refers to any system in which clinicians directly enter medication orders and/or tests and procedures into a computer system, which then transmits the order directly to the pharmacy. <sup>4</sup>  |
| Electronic Health Record (EHR)                        | An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. <sup>5</sup>   |
| Electronic Medical Record (EMR)                       | The EMR is the legal medical record of a patient's encounter with hospitals and ambulatory environments. This record is the source of data for the EHR. <sup>6</sup>   |

<sup>1</sup> "What is the Recovery Act?" *Recovery.gov*. The Recovery Accountability and Transparency Board, March 11, 2011.

<sup>2</sup> "Frequently Asked Questions about Accrediting Hospitals in Accordance with their CMS' Certification Number (CCN)." *The Joint Commission*. Article date: July 15, 2010. Date accessed: November 22, 2010.

<sup>3</sup> "Centers for Medicare & Medi-Cal Services." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>4</sup> "Computerized Provider Order Entry." *AHRQ: Agency for Healthcare Research and Quality*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>5</sup> "Electronic Health Records Overview." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>6</sup> Garets, Dave and Mike Davis "Electronic Medical Records vs. Electronic Health Records: Yes, There Is a Difference Updated." *HIMSS Analytics*. Healthcare Information and Management Systems. January 26, 2006. March 11, 2011.

| Term/Acronym  | Explanation/Expansion   |
|---|---|
| Eligible Hospital (EH)  | <p>For the purposes of the Medi-Cal EHR Incentive Program and SLR applications documentation, an eligible hospital (EH) is defined as the following:</p> <ul style="list-style-type: none"> <li>Acute care hospitals (including Critical Access Hospitals and cancer hospitals) with at least 10% Medi-Cal patient volume.</li> <li>Children's hospitals (no Medi-Cal patient volume requirements).<sup>7</sup></li> </ul>  |
| Eligible Professional (EP)  | <p>For the purposes of the Medi-Cal EHR Incentive Program and SLR application documentation, an eligible professional (EP) is defined as the following:</p> <ul style="list-style-type: none"> <li>Physicians (primarily doctors of medicine and doctors of osteopathy).</li> <li>Nurse practitioner.</li> <li>Certified nurse-midwife.</li> <li>Dentist.</li> <li>Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.</li> </ul> <p>To qualify for an incentive payment under the Medi-Cal EHR Incentive Program, an EP must meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>Have a minimum 30% Medi-Cal patient volume*.</li> <li>Have a minimum 20% Medi-Cal patient volume, and is a pediatrician*.</li> <li>Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals.</li> </ul> <p>*Children's Health Insurance Program (CHIP) patients do not count toward the Medi-Cal patient volume criteria.<sup>8</sup></p> |
| End User License Agreement (EULA)   | The End User License Agreement (EULA) details how the software can and cannot be used. <sup>9</sup>   |
| Health Insurance Portability and Accountability Act of 1996 (HIPAA)                 | The purpose of the Health Insurance Portability and Accountability Act is "to improve...the Medi-Cal program...and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information." <sup>10</sup>  |
| Health Information Technology (HIT)   | Health Information Technology (HIT) refers to the use of technology in managing health information. For example, the use of electronic health records instead of paper medical records.   |
| Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) | The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) amends the Public Health Service Act by adding a number of funding opportunities to advance health information technology. <sup>11</sup>  |

<sup>7</sup> "EHR Incentive Programs: Eligibility – Eligible Hospitals." CMS: Centers for Medicare & Medi-Cal services. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>8</sup> "EHR Incentive Programs: Eligibility – Eligible Professionals." United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>9</sup> "EULA." Webopedia. QuinStreet Inc. Date accessed: November 22, 2010.

<sup>10</sup> "Health Insurance Portability and Accountability Act of 1996." CMS: Centers for Medicare & Medi-Cal services. Public Law 104-191. 104<sup>th</sup> Congress. Date accessed: November 22, 2010.

<sup>11</sup> "HITECH and Funding Opportunities." The Office of the National Coordinator for Health Information Technology. United States Department of Health & Human Services. Date accessed: November 22, 2010.

| Term/Acronym   | Explanation/Expansion  |
|--|--|
| CMS Medicaid EHR Incentive Program Registration Website                    | CMS Medicaid EHR Incentive Program Registration site is a data repository that supports the administration and incentive payment disbursements of Medicare and Medi-Cal programs to medical professionals, hospitals and other organizations. <sup>12</sup>  |
| National Provider Identifier (NPI)   | The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. <sup>13</sup>   |
| Office of the National Coordinator (ONC) for Health Information Technology | The Office of the National Coordinator for Health Information Technology (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. <sup>14</sup>   |
| Provider   | For the purposes of the State Level Registry (SLR) application documentation, a provider refers to both EPs and EHs.   |
| Regional Extension Centers (REC)   | Regional Extension Centers (REC) will support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs). RECs are designed to make sure that primary care clinicians get the help they need to use EHRs.<br><br>RECs will: <ul style="list-style-type: none"> <li>• Provide training and support services to assist doctors and other providers in adopting EHRs</li> <li>• Offer information and guidance to help with EHR implementation</li> <li>• Give technical assistance as needed<sup>15</sup></li> </ul> |
| State Level Registry (SLR)   | The State Level Registry (SLR) is an application created for the capture and maintenance of state mandated information related to the payment of provider incentive payments provided for under the ARRA.  |
| Taxpayer Identification Number (TIN)                                       | A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. <sup>16</sup>   |
| Uniform Resource Locator (URL)   | The global address of documents and other resources on the World Wide Web. <sup>17</sup>   |

<sup>12</sup> "Grumman nets \$34M CMS' data repository project." *CMIO Contracts and Installations*. TriMed Media Group, Inc. Article date: May 17, 2010. Data accessed: November 22, 2010.

<sup>13</sup> "National Provider Identifier Standard (NPI): Overview." *CMS: Centers for Medicare & Medi-Cal services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>14</sup> "The Office of the National Coordinator for Health Information Technology (ONC)." *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>15</sup> "Regional Extension Centers." *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: September 15, 2011

<sup>16</sup> "Taxpayer Identification Numbers (TIN)." IRS.gov. Internal Revenue Service. Last modified: August 20, 2010. Date accessed: November 22, 2010.

<sup>17</sup> "What is URL?" *Webopedia*. QuinStreet Inc., March 11, 2011.